



APPLICATION CHECKLIST

When you apply for the Lewiston Housing Program, we need the following information to start the application process. Please check type of loan you are applying for:

- ☐ **Homebuyer Assistance Program** (purchase of properties with 1-4 units)
- ☐ **Homeowner Rehabilitation Loan Program** (rehabilitation of owner occupied unit)
- ☐ **Rental Rehabilitation Loan Program** (rehabilitation of properties with 1-4 rental units)
- ☐ **Homeowner Emergency Loan Program** (emergency repair single family property)

For all applicants:

- ☐ Copy of latest W-2 form(s) for each applicant and completed tax return(s). If self-employed, a copy of the last 2 years completed tax return(s).
- ☐ Copy of most recent pay stub, with a year to date income figure, for each applicant.
- ☐ Copy of other sources of income such as Social Security Benefits, etc.
- ☐ Copy of last 2 checking and savings account statements and proof of assets listed in your application.

For Rehabilitation requests:

The City of Lewiston has a contract relationship with Community Concepts, Inc (CCI) to inspect the property to determine the amount and scope of the rehabilitation work that is needed, conduct a pre-bid inspection and write the scope of work needed, bid the work to two qualified contractors and to manage the rehabilitation work.

- ☐ Call 207-513-3126 to make an appointment for an inspection with Code Enforcement and CCI
- ☐ Copy of hazard and liability insurance on property

For Homebuyers only:

- ☐ Copy of certificate signifying that you have attended a homebuyers class
- ☐ Pre-approval loan letter from lender
- ☐ Copy of the Purchase and Sale Agreement
- ☐ Appraisal

Return to: Jayne Jochem, Community Development Coordinator

City of Lewiston

Economic and Community Development Department

27 Pine Street

Lewiston, ME 04240

Telephone 513-3126 ext. 3233

Email: jjochem@lewistonmaine.gov

Property Address: _____

APPLICANT		CO-APPLICANT	
NAME:		NAME:	
DATE OF BIRTH:		DATE OF BIRTH:	
SOCIAL SECURITY #:		SOCIAL SECURITY #:	
MAILING ADDRESS:		MAILING ADDRESS:	
EMAIL:		EMAIL:	
PHONE NUMBERS:	HOME: CELL: WORK:	PHONE NUMBERS:	HOME: CELL: WORK:

How do you prefer to be reached: **(please circle:)** Email Home Cell Work

Number of people who live in the applicant(s) household _____

Please provide additional information: (Place additional names on separate paper and attach it to the application)

NAME	RELATIONSHIP	AGE

The Economic and Community Development Department reports certain information to the federal government. Please provide the race and ethnicity of the head of household (check one box):

Race:

<input type="checkbox"/>	White	<input type="checkbox"/>	American Indian/Alaskan Native & White
<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	Black/African American & White
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Asian & White
<input type="checkbox"/>	American Indian or Alaskan Native	<input type="checkbox"/>	American Indian/Alaskan Native & Black
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	Other Multi-Racial

Ethnicity:

☐

Hispanic

☐

Not Hispanic

APPLICANT EMPLOYMENT		CO-APPLICANT EMPLOYMENT	
NAME OF EMPLOYER		NAME OF EMPLOYER	
EMPLOYER'S ADDRESS		EMPLOYER'S ADDRESS	
PHONE		PHONE	
# OF YEARS EMPLOYED		# OF YEARS EMPLOYED	

ASSETS: Check yes or no for each asset, enter the value, and who owns the asset. If you need more space than what is available, please attach additional sheets to the application.

Type of Asset	Yes	No	Asset Owned by	Amount of Debt on Asset	Market Value of Asset
Real Estate				\$	\$
Stock, Bonds, Retirement					
Auto				\$	\$
Auto				\$	\$
Savings				\$	\$
Recreational Vehicle				\$	\$
Other				\$	\$

MONTHLY INCOME: Check yes or no for each type of income. Enter the amount of all money that household members have received for the past 30 days, or money that you expected to receive. *Provide a copy of your most recent check stub or statement for any other source of income listed below with your application.*

Source of Income	Yes	No	Money Received by Applicant	Other Household Members (Age 18 and older)	Office Use Only Monthly Total
Applicant Employment			\$	\$	\$
Temporary Assistance to Needy Families			\$	\$	\$
Social Security			\$	\$	\$
Military/Veterans Benefits			\$	\$	\$
Retirement or Pension Plan			\$	\$	\$
Unemployment Benefits			\$	\$	\$
Worker's Compensation			\$	\$	\$
Child Support/Alimony			\$	\$	\$
SSI/Supplemental Security			\$	\$	\$
Interest/Dividends Income			\$	\$	\$
Earned Income Credit			\$	\$	\$
Other			\$	\$	\$

DEBT ON PROPERTY:

Mortgages on Property	Original Amount Of Mortgage	Balance Remaining on Mortgage	Monthly Payment Information	Terms of the Loan
1 st Mortgage	\$	\$	Principal \$ Interest \$ Taxes \$ Insurance \$	Interest Rate: % # of Yrs:
2 nd Mortgage/Home Equity	\$	\$	Principal \$ Interest \$	Interest Rate: % # of Yrs:

PERSONAL DEBT:

Type (credit card, auto, etc.)	Name & Address of Creditor	Account #	Balance	Monthly Payment
			\$	\$
			\$	\$
			\$	\$
			\$	\$

PERSONAL MONTHLY EXPENSES:

Auto Insurance	\$	Auto Operating Expense	\$
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Application for Housing Programs

Electricity	\$	Medical Insurance	\$
Life Insurance	\$	Child Care Cost	\$
Telephone	\$	Cable/Internet	\$
Child Support Payment	\$	Food	\$
Rent	\$	Food Stamp Benefit	\$
Auto Loan:	\$	Auto Loan:	\$
Other:	\$	Other:	\$

Please use a separate sheet to list additional expenses.

APPLICANT'S CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION:

I/we understand that all information in this application is given for the purpose of evaluating eligibility for the City of Lewiston's Housing Assistance Program. I/we authorize the City of Lewiston to obtain verification of all sources named to verify income and employment, and to obtain a credit report. I/we understand that by signing this application I/we authorize release of this information to the City of Lewiston.

Client information will be shared with only those individuals, entities, or committee members designated or acknowledged by the City as an interested party to the client's application process excluding information declared as public records pursuant to M.R.S.A. Title 1 §401, Public Records and Proceedings. Otherwise, the information furnished will be held in strict confidence.

I/we hereby certify the information contained in this application is accurate and complete to the best of my/our knowledge and belief. If I/we have intentionally falsified any of this information or omitted information necessary to prevent statements from being misleading, I/we understand that I/we will be liable to the City of Lewiston and that such falsification or omission(s) would be considered a Class D Crime.

Date

Applicant's Signature

Co-Applicant's Signature

Consumer Credit Authorization - (Required for loan applicants)

I authorize the CITY OF LEWISTON to contact credit reporting agencies and creditors with regard to the status of any past or outstanding debt, or such other credit information that such agencies normally hold available for credit worthiness evaluation at present or at any time in the future for the purpose of making or monitoring the loan.

Application for Housing Programs

APPLICANT CREDIT AUTHORIZATION		CO-APPLICANT CREDIT AUTHORIZATION	
LEGAL NAME:		LEGAL NAME:	
SIGNATURE	X	SIGNATURE	X
STREET ADDRESS:		STREET ADDRESS:	
CITY, STATE ZIP:		CITY, STATE ZIP:	
SSN:		SSN:	
DATE OF BIRTH:		DATE OF BIRTH:	

Have you applied for credit within the last 3 months? ____yes ____ no

Do you or anyone in your household currently work for the City of Lewiston? ____yes ____ no

Are you related to any person that is currently on the city council? ____yes ____no

Please list the name and relationship: _____